

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**LIGHT TREATMENT DEVICE AND METHOD, IMAGING CASSETTE, DOSE MEASURING
MODULE AND RADIOLOGY APPARATUS**

the specification of which is attached hereto OR
was filed on _____ as Application Serial No. _____ or PCT
International Application Number _____
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or 365(b) of any foreign application for patent or inventor's certificate listed below, and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 U.S.C. 119
France	0004407	6 April 2000	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose material information as defined in 37 CFR §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. PARENT APPLICATION OR PCT PARENT NUMBER	PARENT FILING DATE (day, month, year)	STATUS (patent and number, pending, abandoned)

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

APPLICATION NUMBERS (S)	FILING DATE (day, month, year)

As a named inventor, I hereby appoint Christian G. Cabou (Reg. No. 35,467) and Phyllis Y. Price (Reg. No. 34,234) both of GE Medical Systems, 3000 North Grandview Blvd., Waukesha, Wisconsin 53188; Ronald E. Myrick (Reg. No. 26,315), Henry J. Policinski, (Reg. No. 26,621), and Jay L. Chaskin, (Reg. No. 24,030) all of General Electric Company, 3135 Easton Turnpike, Fairfield, Connecticut 06431-0001, jointly and each of them severally, my attorneys, with full power of substitution, delegation and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent and to transact all business in the Patent and Trademark Office connected therewith.

I hereby direct that all correspondence and telephone calls in connection with this application be addressed to Jay L. Chaskin, General Electric Company, 3135 Easton Turnpike, Fairfield, Connecticut 06431-0001, telephone number: 203-373-2867, fax number: 203-373-3991.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that all such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first sole or joint inventor: Uwe Weidmann

Inventor's signature: _____ Date: _____

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Citizenship: Germany

Post Office Address: same as residence

Full name of second joint inventor:

Inventor's signature: _____ Date: _____

Residence:

Citizenship:

Post Office Address: same as residence